

Work Order ID 121783

Wednesday, July 02, 2014 3:34:28 PM

121783

Page 1

Item ID: D3413-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: O-Ring

Stop

NS2

Start Date: 7/02/14

Start Qty: 12.00

12

Cust Item ID:

Required Date: 7/02/14

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: MLJDate: 14-07-03

Tooling:

Date:

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
100	FLOW WATER JET								
Waterjet									
FLOW CNC Waterjet									
	Memo	0.00							
	1-Cut as per Dwg D3413								
	Dwg Rev: <u>A</u>								
	Prog Rev: <u>A</u>								
	2- Deburr and drill hole if required as per dwg D3413 & QSI018 4.1 .								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									
QC									
Quality Control									
	Memo	0.00							

DAS239-89

14-10-16

DAS239-89

14-10-16

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date: _____

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework	Scrap	Use-as-is	Skid-tube	Crosstube	Water Jet	Engineering	
NCR No. _____	Suspected Unapproved			Machining	Small Fab	Prod. Eng. Coor.	Quality	
				Thermoforming	Finishing	Rec/Store/Packaging	Other	
				Large Fab	Composite	Supplier		

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced		
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up		
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure		
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld		
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled		
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread						
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set						
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration						
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence						

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Page 2

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Required Date: 7/02/14

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan:

Date: _____

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2Sequence ID/
Work Center ID
120Operation
Description
QC8- Inspect parts - second checkSet Up/
Run Hours
0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
StampDAS
38
9-89***120***

QC

Quality Control

(12)

OCT 20 2014

150

150

Powdercoat

Powder Coating

White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum

m 12988

0.00

12 d 14-10-21 DAS 34 9-89

Memo

0.00

START TIME:

11:45

OPEN TEMPERATURE:

FINISH TIME:

12:15

160

160

QC

Quality Control

QC3- Inspect Part Finish

0.00

DAS
38
9-89

Memo

0.00

(12)

OCT 21 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date: _____

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Suspected <input type="checkbox"/>	Unapproved <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>		
			Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced		
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up		
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure		
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld		
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled		
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread						
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set						
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration						
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence						

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Page 3

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Cust Item ID:

Required Date: 7/02/14

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12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

170

Identify as per dwg & Stock Location: St530

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

Packaging

Packaging

Memo

0.00

(12)

14/10/21

46

9-89

180

QC21- Final Inspection - Work Order Release

0.00

180

QC

Quality Control

Memo

0.00

14/10/21

MF
14-10-22

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
	<input type="checkbox"/>	Bending	<input type="checkbox"/>	Folio/Program
	<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	Outside Dimensions
	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Over/Under tolerance
	<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Part Incorrect
	<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Part Lost/Missing
	<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Part Moved
	<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Positioned Wrong
	<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Power Loss/Surge
	<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	
	<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
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	<input type="checkbox"/>		<input type="checkbox"/>	

Picklist Print

Wednesday, July 02, 2014 3:34:28 PM

Page 1

Work Order ID: 121783

121783

Parent Item: D3413-1

D3413-1

Parent Item Name: O-Ring

Start Date: 7/02/14

Required Date: 7/02/14

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev:A05.09.13New issueKJ/JLM
IPP Rev:B Now on Waterjet 07-05-28 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304B0.250X4.000 304 BAR .250 x 4.00		Purchased	No			100	f	7.8400	0.25	4			DAS 23 9-89

M304B0 250X4 000

Location	Loc Qty	Loc Code
MAT051	7.84	
123313	2.34	
M128247	5.5	

129972

129972

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
			Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>			Pressure/Forced <input type="checkbox"/>		
			Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>			Set-up <input type="checkbox"/>		
			Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>			Temperature/Cure <input type="checkbox"/>		
			Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>			Weld <input type="checkbox"/>		
			Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>			Wrong Stock Pulled <input type="checkbox"/>		
			Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
			Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
			Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>						
			Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>						
			Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
			Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
<input type="checkbox"/> Other _____											

DART AEROSPACE LTD	Work Order:	121783
Description: Ring	Part Number:	D3413-1
Inspection Dwg: D3413 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

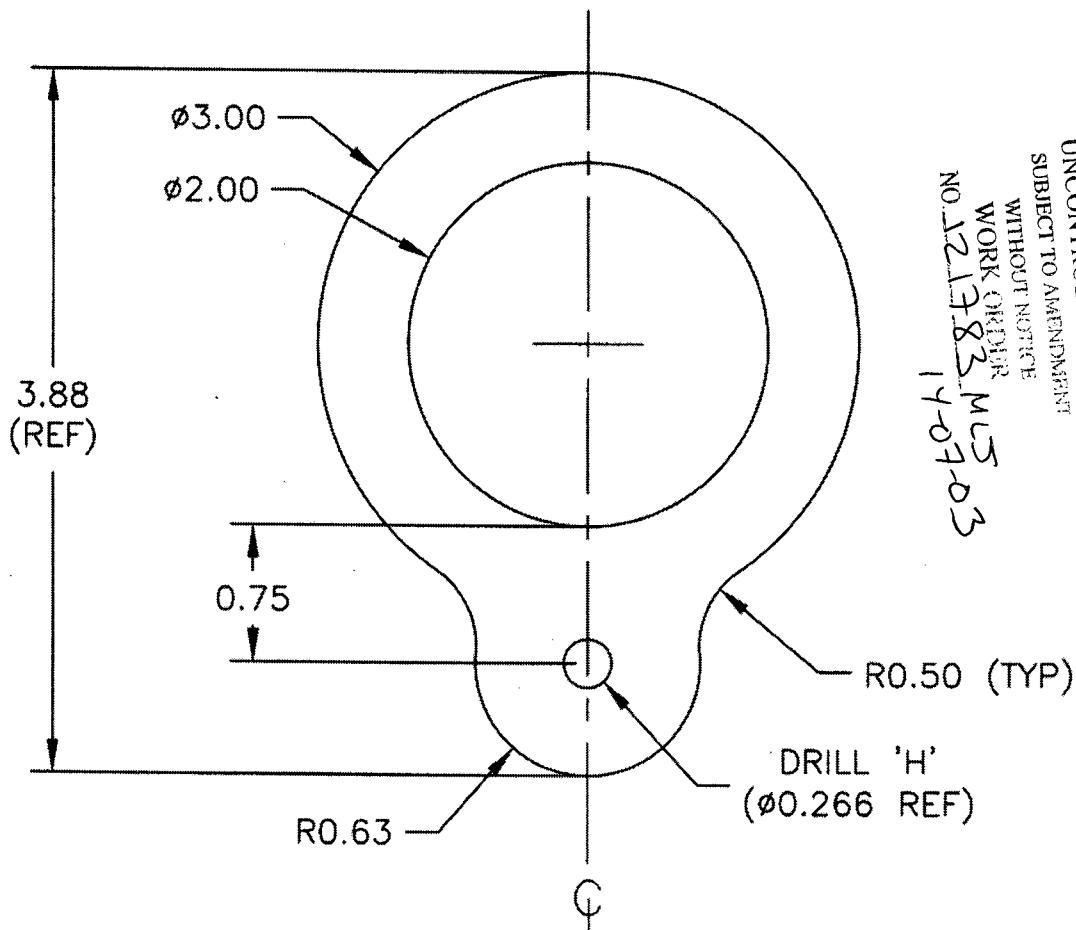
X First Article X Prototype

DAS		DAS			
Measured by:	23 9-89	Audited by:	38 9-89	Prototype Approval:	N/A
Date:	14-10-16	Date:	OCT 20 2014	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	07.09.06	New Issue	KJ/JLM	<i>[Signature]</i>

DART

DESIGN CP	DRAWN BY CP	DART AEROSPACE USA, INC. PORT HADLOCK, WA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3413	REV. A SHEET 1 OF 1
DATE 05.03.16		TITLE RING	SCALE 1:1
A	05.03.16	NEW ISSUE	

RELEASED
05-09-06 *[Signature]***D3413-1 RING**

- 1) MATERIAL: AISI 304/316 SS PLATE, 0.250 THICK (REF DART SPEC. M304S3GA)
- 2) FINISH: POWDER COAT WHITE (4.3.5.1) PER DART QSI 005 4.3
- 3) DEBURR ALL SHARP EDGES 0.010 TO 0.020
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 5) ALL DIMENSIONS ARE IN INCHES

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